Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I							5	SMALL ENTITY			OTHER THAN	
			(Column	1)	(Colu	mn 2)	1	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0"						column 2	i	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II									' 	OTHER THAN SMALL ENTITY		
_		(Column 1)		(Colu		(Column 3)	1	SMALLE		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 87	Minus	** }	77	=		X\$ 9=		OR	X\$18=	
	Independent	* 2	Minus	***	3		t [X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDEN	CLAIM] [+140=		OR	+280=	•
								TOTAL	4	OR	TOTAL	
ADDIT FEE ADDIT FEE ADDIT FEE ADDIT FEE ADDIT FEE									ADDII. FEE			
				HEST			· · · · · ·	ADDI-	1 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	. \
ME	Independent	*	Minus	***		=	1 [X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚╽	+140=			+280=	
							l	TOTAL		OR	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	ŧ	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	. X\$18=	
	Independent	*	Minus	***		-	41	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MOLTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									TOTAL			
***	If the "Highest Nu	mber Previously P	aid For" IN TH	IS SPACE	is less the	an 20, enter "20 an 3, enter "3."	0."	ADDIT. FEE		OR	ADDIT. FEE	-
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

1														
	PATENT APPLICATION FEE DETERMINATION RECO							Application or Docket Number						
_	Effective October 1, 2000							09/926,016						
	CLAIMS AS FILED - PART I								NTITY		OTHER THAN			
T	OTAL CLAIMS		(Column 1) (Column 2)				TYPE			OR	SMALL	ENTITY		
F	OR	· · · · · · · · · · · · · · · · · · ·				Mark States	-	RATE FEE			RATE	FEE		
	OTAL CHARGE	ADLE CLAUS	 	NUMBER FILED NUMBI			BASIC FEE 43			OR	BASIC FEE			
\parallel			 				X	S 9=	603	OR	X\$18=			
II—	DEPENDENT C		2 minus 3 =			X	40=		OR	X80=				
╟	• •	NDENT CLAIM F				+1	35=		OR	+270=				
. 1	 If the difference in column 1 is less than zero, enter "0" in column 						TO	TAL	1033	OR	TOTAL			
	CLAIMS AS AMENDED - PART II							.,	/CO3	1011	OTHER	THAN		
_	(Column 1) (Column 2) (Column 3)							ALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	•	Minus	••		=	X\$	9=		OR	X\$18=			
AME	Independent	•	Minus	•••		=	X4	n_			X80=			
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		\			OR	×60=			
,							+13	5=		OR	+270=	. ·		
•							ADDIT.	FEE		OR A	TOTAL ODIT, FEE	•		
<u></u>	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									•				
NDMENT B		REMAINING AFTER AMENDMENT	Alexander (S. C.	NUMB PREVIO	ER USLY	PRESENT EXTRA	RA ⁻	ΓE	ADDI- TIONAL FEE		RATE	ADDİ- TIONAL FEE		
QN	Total	•	Minus	••		=	X\$	9=		OR	X\$18=			
AME	Independent	·	Minus	•••		=	X40)=)=		ŀ	X80=			
<u> </u>	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM					OR	7,00-			
							+13	·		OR	+270=			
							ADDIT.	FEE.		OR ,	TOTAL ADDIT FEE			
<u> </u>		(Column 1) CLAIMS		(Colum		(Column 3)								
AMENDMENT C	et Bue	REMAINING AFTER AMENDMENT	***	NUMB PREVIO	ER USLY	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
QN	Total	•	Minus	**		=	X\$	9=			X\$18=	,		
AME	Independent	•	Minus	***		=				OR				
	FIRST PRESE	NTATION OF MU	LTIPLE DEPENDENT CLAIM				X40	/=		OR	X80=			
. 11	the entry in colur	mn 1 is less than th	o ontre est		····	•	+13	5=		OR	+270=			
	the "Highest Nu	mber Previously Pa	ud For IN I HIS	SPACE IS	less than	1 20, enter "20."	ADDIT.	TAL		OR ,	TOTAL ODIT, FEE			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										· ·				